

### 117 IS THERE A PERFECT SPINAL? A CASE OF SENSORINEURAL HEARING LOSS

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**Background and Aims** Spinal anaesthesia (SA) is considered a safe technique even if associated with several complications. Reduced CSF pressure from leakage through dural puncture site has been associated with post-dural puncture headache (PDPH) and is a proposed mechanism for sensorineural hearing loss (SNHL). Presumably, reduced CSF pressure transmits to inner ear impeding auditory hair cells function. Data reports 0,4% incidence with some cases of persisting SNHL and correlates with large gauge and cutting point needles utilization. Blood patch, steroid therapy, hyperbaric oxygen and supportive measures are among treatment options with good outcome. We aim to point out a case of isolated SNHL after uneventful SA in a healthy young woman.

**Methods** 42y healthy woman with uncomplicated pregnancy admitted for elective C-Section at term. SA was successful at first attempt with a 27G pencil point needle inserted on L3-L4 space. Bupivacaine 7,5 mg plus sufentanyl 2,5µg were administered after backflow of CSF.

**Results** No complications were recorded on perioperative period. After 3 days, isolated sudden left SNHL occurred upon standing. Otolaryngologic evaluation showed isolated low frequency left SNHL. Vigorous hydration and restricted supine position resulted in rapid improvement. Audiogram confirmed absence of SNHL at discharged on day 7.

**Conclusions** SNHL may occur despite an uneventful SA. Improvement after implemented measures reinforces the above-mentioned hypothesis as probable underlying physiological mechanism. Supportive treatment can be successful managing isolated SNHL. Because there is a risk of permanent damage, a high suspicion index for SNHL should be present even in the absence of PDPH to warrant an early diagnosis.

### 118 ANESTHETIC MANAGEMENT FOR CESAREAN SECTION IN A SUPER MORBIDLY OBESE PATIENT

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**Background and Aims** Super morbid obesity is defined as a body mass index of >50 kg/m<sup>2</sup>. Complications from anesthesia and overall morbidity and mortality are higher in this population. Neuraxial techniques are the preferred anesthetic techniques for cesarean delivery in obese parturients but can be technically challenging.

**Methods** We present the successful anesthetic management of a super morbidly obese obstetric patient with BMI of 68.3 kg/m<sup>2</sup> underwent cesarean section due to Cephalopelvic disproportion at 38 weeks gestation. A 36-year-old parturient, G2P0 with a history of spontaneous first trimester miscarriage and significant medical history of chronic arterial hypertension, limited mobility, obesity-related shortness of breath and fatigue that had been exacerbated by her pregnancy.

**Results** In the operating room after several failures to locate the epidural space with an 8 cm needle, we successfully located it at a depth of 9.5 cm using a 18 gauge 10 cm



Abstract 118 Figure 1

Tuohy needle, in the low lumbar at an estimated L1-L2 interspace, but a 10 cm 24 gauge quincke needle for the spinal block wasn't enough. After the placement of the epidural catheter space, we successfully performed the spinal anesthesia at the L3-L4 interspace with a 12 cm 22 gauge and spinal hyperbaric bupivacaine 0.5% and sufentanyl was administered. The surgery was completed uneventfully. Postoperatively the patient was observed and a multimodal analgesia was satisfactorily provided. The patient was discharged home on postoperative day eight without complications.

**Conclusions** It is important to report these cases to support the development of new protocols and more adequate conducts for this population.

### 119 OUTCOMES OF PREGNANCY AND DELIVERY FOLLOWING A SURGERY OF ADVANCED ENDOMETRIOSIS

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**Background and Aims** Even though endometriosis is widely spread among women of reproductive age [1, 2], few researches have been done to identify the influence of endometriosis on pregnancy and delivery outcomes. The aim of this study is to evaluate outcomes of pregnancy and delivery following a surgery of advanced endometriosis.

**Methods** A retrospective analysis was conducted at LSMU Kaunas Clinics. The sample consisted of 64 women who underwent surgery of endometriosis. The results were compared to the statistical data and other scientific researches. Significant differences were considered when p<0.05.

**Results** 25% of pregnancies ended with spontaneous abortion, 15,63% – with premature labour. Pregnancy complication rate did not statistically significantly differ in IVF pregnant women compared to conceived naturally. More pregnancy complications were identified following a surgery of a III stage of